

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
**PHYSICAL ABILITIES TEST (PAT) MEDICAL APPROVAL**  
**CORRECTIONAL OFFICER / YOUTH CORRECTIONAL OFFICER /**  
**MEDICAL TECHNICAL ASSISTANT / YOUTH CORRECTIONAL**  
**COUNSELOR / CORRECTIONAL COUNSELOR I**  
OPOS 08E (8/05)

OFFICE OF PEACE OFFICER SELECTION

DISTRIBUTION: WHITE – PAT FILE  
YELLOW - PHYSICIAN

TO CANDIDATE: You are responsible for any costs incurred in obtaining medical approval from your physician. The medical approval is valid for 90 days from the date it is signed. Your participation must be approved by a Physician (M.D), Physician's Assistant (P.A.), Nurse Practitioner (N.P.) or Doctor of Osteopathy (D.O.). After obtaining the signed Medical Approval, please contact the Selection Center to schedule your PAT. Bring the white copy of the Medical Approval form to your PAT appointment.

NAME		DATE
SOCIAL SECURITY #	EXAM ID NUMBER	

TO EXAMINING PHYSICIAN: This Candidate may be seen by the Physical Abilities Testing staff of the Department of Corrections and Rehabilitation. Any condition or medication checked is of concern and needs to be explained by the physician in the space provided (attach sheets if necessary) before the exercise tests can be administered. Names of all prescribed medications must be included when applicable. Please sign and date the bottom of this form indicating your approval for this candidate to participate in the Physical Abilities Test.

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

<b>CURRENT CONDITIONS:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Thyroid Conditions <input type="checkbox"/> Diabetes (Type I or Type II) <input type="checkbox"/> Chiropractic Care <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Other (See Comments)	<b>WITHIN LAST 12 MONTHS:</b> <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Back or neck Injury / Surgery <input type="checkbox"/> Eye Surgery <input type="checkbox"/> Active Hepatitis A, B or C <input type="checkbox"/> Active TB (must be non-contagious) <input type="checkbox"/> Other (See Comments)	<b>MEDICATIONS:</b> <input type="checkbox"/> Anorexiant <input type="checkbox"/> Antiasthmatics <input type="checkbox"/> Antidepressants <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Cardiac Drugs <b>Name of medication(s):</b> <input type="checkbox"/> CNS Stimulants <input type="checkbox"/> Narcotics <input type="checkbox"/> Steroids <input type="checkbox"/> Thyroid Medications <input type="checkbox"/> Tranquilizers
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**CARDIAC RISK ASSESSMENT**

☐ Score of 24 or less - See attached risk assessment

**ELECTROCARDIOGRAPH TRACING**

☐ Refer to attached strip

PAT STAFF COMMENTS:

**TESTS**

**JOB STANDARD**

<b>1. PEDOL</b> - Three minute bicycle ergometer test with one minute of warm-up and two minutes at a pre-determined workload. This test can be compared to a maximal stress test for individuals in below average condition. Blood pressure, heart rate, and electrocardiograph will be monitored throughout the test.	In full uniform, run 500 yards in no more than 2 minutes and 20 seconds.
<b>2. TRUNK STRENGTH</b> - Requires the candidate to exert a maximal force against a cable tensiometer. Flexion: abdominal muscles (89 lbs). Extension: Back extensor muscles (109 lbs).	Drag an unconscious person weighing 165 lbs, 20 feet in 20 seconds or less, after running 500 yards.
<b>3. GRIP STRENGTH</b> - A hand grip dynamometer test designed to measure the candidate's grip strength (34 KG).	Carry a stretcher containing a 185 lb person 1/8 mile with the assistance of one other person, then an additional 1/8 mile with the assistance of three people.
<b>4. DYNAMIC ARM</b> - Utilizing the hands and arms from a straddle position, sitting on the floor behind the bike, the candidate must pedal a bicycle ergometer with 2.5 kps of resistance. The candidate must complete 45 revolutions in one minute.	Carry a stretcher containing a 185 lb person 1/8 mile with the assistance of one other person, then an additional 1/8 mile with the assistance of three other people.
<b>5. DYNAMIC LEG</b> - The candidate must pedal at a rapid pace for one minute with 3.0 kps of resistance and complete 70 revolutions.	Sprint 100 yards in no more than 19 seconds.

PHYSICIAN'S COMMENTS:

"I understand the type of physical abilities test to be administered and that the test is administered in a non-medical facility with non-medical personnel. The emergency protocol consists of administering basic first aid, CPR and activating the emergency medical system (911) on an as needed basis. Based on a review of the medical approval form and any attached material(s) and my personal evaluation of this candidate, he/she can safely perform the Physical Abilities Tests described above."

PHYSICIAN'S OR DESIGNEE'S SIGNATURE	DATE	PHONE NUMBER
PHYSICIAN'S OR DESIGNEE'S NAME (PLEASE PRINT OR TYPE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)	